



Work Order (Bid Form)

WORK ORDER INFORMATION

Work Order Name: WO/90009MD2515/1

Work Order Type: Weatherization

Audit Name: 2515

CLIENT INFORMATION

Client Name:

Address:

Client ID: 90009MD2515

Alt. Client ID:

AGENCY INFORMATION

Agency: Metropolitan Development and Housing Agency

Agency Phone: (615) 252-8500

Address: 701 South Sixth Street
Nashville, TN 37206

Fax: (615) 252-8533

Email Address:

Agency Contact: MOORE, IBIN

Work Phone:

Cell Phone:

Email Address: IBIN_MOORE@YAHOO.COM

Company Name & License Number: _____

Contractor's Signature: _____

COMMENT

AUDITED
BY IBIN MOORE
615-491-0225
DATE: 12/7/11

CONTRACTOR IS RESPONSIBLE FOR VERIFYING ALL MEASUREMENTS
ALL WEATHERIZATION MEASURES AND REPAIRS MUST BE
DONE FOLLOWING THE TENNESSEE FIELD GUIDE

HOME BUILT PRIOR TO 1978 MAY CONTAIN LBP

CERTIFIED FIRM/RENOVATOR REQUIRED
SEE STATE MEMO-Re: Technical Assistance: Identifying the Need for an EPA Certified Renovator/Firm on the
Work Order

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Measures

Measure 1 Infiltration Redctn		Components				Inspected			
Comment	1. REPLACE INADEQUATE HOOLOW DOOR1 WITH SOLID WOOD PRE-HUNG DOOR UNIT. INCLUDE LOCKSET AND LOOKOUT 2. ADD WEATHERSTRIP TO DOOR 2 3. REPLACE THRESHOLD AT DOOR 2 4. SEAL AROUND INTERIOR FRAME OF DOOR 2 5. SEAL 4 6X9 PANES AT DOOR 2 6. SEAL 2'X4' AREA OF FLOOR INSIDE OF KITCHEN CABINET BELOW SINK 7. PATCH 2'X3' AREA OF WALL AT BACK OF BATHROOM CABINET BELOW SINK WITH PLYWOOD AND SEAL 8. REPAIR 2'X5' AREA OF CEILING AT BLUE BEDROOM CLOSET								
		Estimated				Actual			
#	Material / Labor	Description / Comment	Units	Qty	Unit Cost	Total	Qty	Unit Cost	Total
10	Miscellaneous Su	Infiltration Reduction	Each	1					
Other Detail									
Measure Sub Total:							Sub Total:		
Field Notes:									

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Measure 2 User-Spec Ceiling R**Components** A1**Inspected****Comment** 6 INCHES EXIST

ADD 7 INCHES

Build an insulation dam around the attic access hatch. Build the dam with rigid materials like plywood or orientedstrand board. The dam's purpose is to prevent loose-fill insulation from falling out of the attic hatch when opened. Install latches, sash locks, gate hooks or other positive closure to provide substantially airtight hatch closure

☐

#	Material / Labor	Description / Comment	Units	Qty	Estimated		Actual		
					Unit Cost	Total	Qty	Unit Cost	Total
1	Insulation	Attic Insulation - Blown Cellulose - R-12	SqFt	1076	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
2	Labor	Attic Insulation - Blown Cellulose - R-12	SqFt	1076	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Other Detail

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Measure Sub Total:**Sub Total:****Field Notes:**

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Measure 3 Floor Ins. R-19**Components** F1**Inspected****Comment** REPLACE LOCKSET☐

#	Material / Labor	Description / Comment	Units	Qty	Estimated		Actual		
					Unit Cost	Total	Qty	Unit Cost	Total
1	Insulation	Floor Insulation - Fiberglass Batts - R-19	SqFt	1076	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
2	Labor	Floor Insulation - Fiberglass Batts - R-19	SqFt	1076	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
3	Miscellaneous Su	Added Misc Cost	Each	1	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Other Detail

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Measure Sub Total:**Sub Total:****Field Notes:****Measure 4 CERTIFIED FIRM RENOVATOR****Components****Inspected****Comment** CERTIFIED FIRM/RENOVATOR REQUIRED☐SEE STATE MEMO-Re: Technical Assistance: Identifying the Need for an
EPA Certified Renovator/Firm on the Work Order

#	Material / Labor	Description / Comment	Units	Qty	Estimated		Actual		
					Unit Cost	Total	Qty	Unit Cost	Total
10	Unspecified	Misc Material	Each	1	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Other Detail

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Measure Sub Total:**Sub Total:****Field Notes:**

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Measure 5 CO Monitor is Needed**Components****Inspected****Comment**☐

#	Material / Labor	Description / Comment	Units	Estimated			Actual		
				Qty	Unit Cost	Total	Qty	Unit Cost	Total
1	Health and Safety	CO monitor	Each	1	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
2	Labor	Labor	Each	1	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Other Detail

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Measure Sub Total:**Sub Total:****Field Notes:****Measure 6 Fix Improper Venting (Clothes Dryer)****Components****Inspected**

Comment REPLACE HOSE WITH 5FT METAL FLEX HOSE. VENT THROUGH FLOOR AT CRAWLSPACE. 5 FT OF VENTING NEEDED TO VENT TO EXTERIOR. INSTALL EXTERIOR CAP

☐

#	Material / Labor	Description / Comment	Units	Estimated			Actual		
				Qty	Unit Cost	Total	Qty	Unit Cost	Total
1	Health and Safety	Equipment	Each	1	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
2	Labor	Labor	Hour	1	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Other Detail

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Measure Sub Total:**Sub Total:****Field Notes:**

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Measure 7 Smoke Detector is Needed**Components****Inspected****Comment**☐

#	Material / Labor	Description / Comment	Units	Qty	Estimated		Actual		
					Unit Cost	Total	Qty	Unit Cost	Total
1	Health and Safety	Smoke detector	Each	1	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
2	Labor	Labor	Each	1	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Other Detail

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

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Measure 8 Vapor Barrier Needed
(Basement/Crawlspace) 1076 SQ FT

Components

Inspected

Comment

☐

"Cover the ground completely with an moisture barrier such as 6 mil polyethylene, installed without voids or gaps. Extend moisture barrier up foundation wall a minimum of 6 inches Overlap moisture barrier at least 12 inches at joints and all seams sealed.. Best practice involves sealing the seams in the ground moisture barrier with construction tape or acoustical sealant,"

#	Material / Labor	Description / Comment	Units	Qty	Estimated		Actual		
					Unit Cost	Total	Qty	Unit Cost	Total
1	Health and Safety	Basement / crawlspace vapor barrier Cover the ground completely with an moisture barrier such as 6 mil polyethylene, installed without voids or gaps. Extend moisture barrier up foundation wall a minimum of 6 inches. Overlap moisture barrier at least 6 inches at joints. Best practice involves sealing the seams in the ground moisture barrier with construction tape or acoustical sealant,	SqFt	1	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
2	Labor	Labor	SqFt	1	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Other Detail

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Measure Sub Total:

Sub Total:

Field Notes:

Work Order Grand Total:

Grand Total:

Client Name:

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